


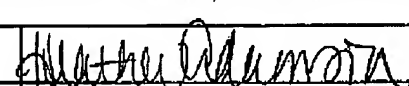
PTO/SB/21 (09-04)

Approved for use through 07/31/2008, OMB 0851-0031
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/815,068	RECEIVED CENTRAL FAX CENTER MAR 27 2006
	Filing Date	03/26/2004	
	First Named Inventor	Karson L. Knutson	
	Art Unit	3742	
	Examiner Name	Fuqua, Shawntina T.	
Total Number of Pages in This Submission	12	Attorney Docket Number	110348-134668

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks <input style="width: 100px;" type="text"/>		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	SCHWABE, WILLIAMSON & WYATT, P.C.	
Signature		
Printed name	Nathan R. Maki	
Date	03/27/2006	Reg. No. 51110

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
Signature		
Typed or printed name	Heather L. Adamson	Date 03/27/2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2009. OMB 0851-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 100.00

Complete if Known

Application Number	10/815,088
Filing Date	03/26/2004
First Named Inventor	Karson L. Knutson
Examiner Name	Fuqu, Shawntina T.
Art Unit	3742
Attorney Docket No.	110348-134668

RECEIVED
CENTRAL FAX CENTER
MAR 27 2006**METHOD OF PAYMENT (check all that apply)**

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account Number: 500393 Deposit Account Name: Schwabe, Williamson et al
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	0
Plant	200	100	300	150	160	80	0
Reissue	300	150	500	250	600	300	0
Provisional	200	100	0	0	0	0	0

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	<u>24</u>	Extra Claims	<u>2</u>	Fee (\$)	<u>50.00</u>	Fee Paid (\$)	<u>100.00</u>
26 - 20 or HP = 2 x 50.00 = 100.00							

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	<u>3</u>	Extra Claims	<u>0</u>	Fee (\$)	<u>200.00</u>	Fee Paid (\$)	<u>0</u>
3 - 3 or HP = 0 x 200.00 = 0							

HP = highest number of independent claims paid for, if greater than 3.

Small Entity	
Fee (\$)	Fee (\$)
50	25
200	100
360	180
Multiple Dependent Claims	
Fee (\$)	Fee Paid (\$)
360.00	0

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	<u>26</u>	Extra Sheets	<u>16</u>	Number of each additional 50 or fraction thereof	<u>1</u>	Fee (\$)	<u>250.00</u>	Fee Paid (\$)	<u>0</u>
26 - 100 = 16 / 50 = 1 (round up to a whole number) x 250.00 = 250.00									

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

Fees Paid (\$)
0
0

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 51110	Telephone 503-222-9981
Name (Print/Type)	Nathan R. Maki	Date 03/27/2006	

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Attorney Docket No. 110348-134668
IPN P17741 (Intel Corporation)

RECEIVED
CENTRAL FAX CENTER

MAR 27 2006

Patent

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Application of:

KARSON L. KNUTSON et al.

Application No.: 10/815,068

Filed: 03/26/2004

For: **MULTI-ZONE REFLECTING DEVICE
FOR USE IN FLASH LAMP
PROCESSES**

Examiner: Shawntina T. Fuqua

Art Unit: 3742

Confirmation No.: 8657

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Typed or Printed: Heather L. Adamson

Signature: Heather L. Adamson Date: 03/27/2006

Mail Stop AF
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

REQUEST FOR RECONSIDERATION OF FINAL OFFICE ACTION

This communication is submitted in response to the Final Office Action mailed January 26, 2006 (hereinafter "Office Action"). Reconsideration of the above captioned application in view of the remarks to follow is respectfully requested.

Amendments to the claims are reflected in the listing of claims beginning on page 2 of this paper.

Remarks begin on page 6 of this paper.

03/28/2006 EAREGAY1 00000080 500393 10015060

01 FC:1202 100.00 DA